# BEFORE THE BOARD OF MEDICAL EXAMINERS STATE OF IOWA

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# IN THE MATTER OF THE APPLICATION FOR RESIDENT PHYSICIAN LICENSURE OF ROBERT P. MARSEILLE, M.D., APPLICANT

CA-94-001

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TERMINATION ORDER
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NOW ON August 27, 1998 BE IT REMEMBERED:

- 1. That on July 28, 1994, a Consent Agreement was entered into between Robert P. Marseille, M.D., (the Applicant) and the Iowa State Board of Medical Examiners, (the Board) to issue a license authorizing the applicant to practice medicine and surgery as a resident physician and under certain terms and conditions; and,
- 2. That on August 17, 1998, the Applicant filed an application with the Board seeking termination of his probation; and,
- 3. That on August 27, 1998, the Board considered the Applicant's application and voted to authorize the termination of the probation placed upon the Applicant's license to practice medicine and surgery.

### IT IS HEREBY ORDERED:

That the probation placed upon the Applicant's license to practice medicine and surgery is terminated, and the license granted full privileges free and clear of all restrictions.

Dale R. Holdiman, M.D., Chairperson

IOWA STATE BOARD OF MEDICAL EXAMINERS

1209 East Court Avenue

Des Moines, Iowa 50319-0180

## BEFORE THE BOARD OF MEDICAL EXAMINERS

### OF THE STATE OF IOWA

IN THE MATTER OF THE APPLICATION

FOR RESIDENT PHYSICIAN

LICENSURE OF

CONSENT AGREEMENT

ROBERT P. MARSEILLE, MD,

APPLICANT

**COMES NOW** the Iowa Board of Medical Examiners (hereafter the Board), and Robert P. Marseille, MD (hereafter the Applicant), and agree to the issuance of a Resident Physician License to practice medicine and surgery in an approved residency program in Iowa under the following terms and provisions which shall remain in effect until July 28, 1996.

- 1) The Applicant shall within thirty (30) days of the date of his receipt of an executed copy of this Consent Agreement submit to the Board the names and curriculum vitae of three (3) physicians practicing in Iowa. The Board may approve one of the three to serve as the Applicant's treating physician for purposes of this Consent Agreement. As a condition of approval the physicians shall agree to provide reports to the Board concerning the Applicant's treatment on a quarterly basis or upon request.
- The Applicant shall schedule an evaluation with the Board approved physician 2) within five (5) days of his notification of the Board's approval of the physician. The Applicant shall undergo an evaluation within twenty (20) days thereafter.

## **CONSENT AGREEMENT Robert P. Marseille, MD**

- 3) The Respondent shall cooperate fully with any treatment plan prescribed by the Board approved physician.
- 4) The Applicant shall continue in treatment with the Board approved physician until discharged by the said physician and until the discharge is approved by the Board.
- 5) The Applicant shall submit sworn quarterly reports to the Board stating that he is in compliance with all the terms and provisions of this Consent Agreement.
- 6) The Applicant shall make appearances before the Board or a Board committee upon request. The Applicant shall be given reasonable notice of the date, time and place for the appearances.
- 7) The Applicant may not petition the Board for reconsideration or termination of the terms and provisions of this Consent Agreement before July 28, 1995.
- 8) In the event the Applicant leaves Iowa to reside or practice outside the state, the Applicant shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside Iowa will not apply to the duration of this Consent Agreement.
- 9) In the event the Applicant violates or fails to comply with any of the terms and provisions of this Consent Agreement the Board may initiate action to revoke or suspend the Applicant's Resident Physician License as authorized in Iowa Code section 148.6 and 653 IAC 12.2.
- 10) Upon full compliance with the terms and provisions set forth in this Consent Agreement and upon expiration of the period of its duration, the Applicant's Resident Physician License shall be granted full privileges free and clear of the terms of this Consent Agreement.

## **CONSENT AGREEMENT Robert P. Marseille, MD**

- 11) This Consent Agreement is subject to the approval of the Board. If the Board fails to approve this Consent Agreement it shall be of no force or effect to either party.
- 12) This Consent Agreement is voluntarily submitted by the Applicant to the Board for consideration.

Rhart P.	Masallo MD
Robert P. Marseille,	MD 100 S

Subscribed to before me this 16 day of August, 1994.

Notary Public - State of Iowa

This Consent Agreement was approved by the Board on the  $\frac{28}{100}$  day of July, 1994.

James D. Collins, Jr., MD, Chairperson lowa Board of Medical Examiners

DMC/dc